

<b>Case Number:</b>	CM13-0041804		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for hip, wrist, shoulder, neck, and low back pain reportedly associated with an industrial injury of June 24, 2013. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and several weeks off of work, on total temporary disability. In a Utilization Review Report of September 17, 2013, the claims administrator denied request for various oral suspensions and topical compounds. The applicant's attorney subsequently appealed. A clinical progress note of August 9, 2013 is sparse, appears to represent a Doctors' First Report (DFR) with a new primary treating provider, has been blurred as a result of repetitive photo copying, is notable for comments that the applicant injured her left shoulder, low back, and bilateral hips in a slip and fall contusion injury a little over six weeks prior. The applicant reports multifocal 6-9/10 shoulder, low back, and hip pain. The applicant is placed off of work, on total temporary disability, and issued prescriptions for various topical agents, topical compounds, and oral suspensions, including a topical compound and Ketoprofen agent, topical compounded Cyclophane agent, a Synapryn suspension, a Tabradol suspension, a Deprizine suspension, a Dicopanol suspension, and a Fanatrex suspension. The rationale for usage of these drugs is highly templated. No applicant-specific information was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 PRESCRIPTION OF TABRADOL 1MG/ML 250ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Tabradol Section.

**Decision rationale:** The MTUS does not specifically address the topic of Tabradol usage. Tabradol, per the National Library of Medicine (NLM), is an amalgam of Cyclobenzaprine, a muscle relaxant, and other unspecified drugs. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, muscle relaxants such as Cyclobenzaprine are specifically "not recommended." In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary along with the request for authorization so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary or appropriate.

#### **1 PRESCRIPTION OF DEPRIZINE 15MG/ML 250ML: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library and Medicine (NLM), Ranitidine Section.

**Decision rationale:** ACOEM does not specifically address the topic of H2 antagonists such as Deprizine or ranitidine. The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the Utilization Review Report, September 17, 2013, or the date of the request, August 9, 2013, to the applicant's subacute pain issues with date of injury, June 24, 2013. As noted in the National Library of Medicine (NLM), Deprizine or ranitidine can be employed in the treatment of heartburn, acid indigestion, gastroesophageal reflux disease, and/or stomach ulcers. In this case, however, the highly templated Doctors' First Report of August 9, 2013 does not establish the presence of any of the aforementioned issues. Therefore, the request for Deprizine is not medically necessary or appropriate.

#### **1 PRESCRIPTION OF DICOPANOL 5MG/ML 150ML: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library and Medicine (NLM), Diphenhydramine Section.

**Decision rationale:** The MTUS does not address the topic. As noted by the National Library of Medicine (NLM), diphenhydramine or Dicopanor can be employed to treat allergic reactions, motion sickness, and/or symptoms associated with Parkinson's disease. In this case, however, there is no evidence of any of the aforementioned issues. There is no mention of any allergies or related issues which would make the case for usage diphenhydramine or Dicopanor, an antihistamine agent. Accordingly, the request is not medically necessary or appropriate.

### **1 PRESCRIPTION OF FANATREX 25MG/ML 420ML: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Gabapentin Section

**Decision rationale:** As noted by the National Library of Medicine (NLM), Fanatrex or Gabapentin can be employed to treat seizures, restless leg syndrome, and/or issues associated with postherpetic neuralgia. In this case, however, the highly templated documentation does not establish the presence of any issues with epilepsy, restless leg syndrome and/or neuropathic pain for which Fanatrex would have been indicated. It is further noted that, as with the other drugs, the attending provider has not clearly stated why a suspension or compound is preferable to what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals. Therefore, the request is not medically necessary or appropriate.

### **1 PRESCRIPTION OF COMPOUNDED KETOPROFEN 20% GEL 120G: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** As with the numerous other oral suspensions and topical agents, the MTUS Guideline in ACOEM chapter 3, page 47 deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Ketoprofen gel, which are, per ACOEM Table 3-1, page 49 "not recommended. Therefore the request is not medically necessary or appropriate.

### **1 PRESCRIPTION OF COMPOUNDED CYCLOPHENE 5% GEL 120G: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** As with the numerous other oral suspensions and topical agents, the MTUS Guideline in ACOEM chapter 3, page 47 deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Ketoprofen gel, which are, per ACOEM Table 3-1, page 49 "not recommended. Therefore the request is not medically necessary or appropriate.

**1 PRESCRIPTION OF SYNAPRYN 10MG/1ML 500ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** As with the numerous other oral suspensions and topical agents, the MTUS Guideline in ACOEM chapter 3, page 47 deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Ketoprofen gel, which are, per ACOEM Table 3-1, page 49 "not recommended. Therefore the request is not medically necessary or appropriate.